PD-ABP-212

INTERIM EVALUATION OF THE BASICS PROJECT
EXECUTIVE SUMMARY

(Basic Support for Institutionalizing Child Survival)
Project No. 936-6006

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APRIL 1997

Interim Evaluation of the BASICS Project was prepared under the auspices of the U.S. Agency for International Development (USAID).

The report was written and revised by the
Health Technical Services (HTS) Project
(Project No. 936.5974.10, Contract No. HRN–5974–C–00–3001–00)
of TvT Associates and The Pragma Corporation.

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Acknowledgments

As is the usual case in broad reviews like ours, the BASICS Evaluation Team owes a large debt to the many people who contributed their time and information here and overseas. We are therefore extremely grateful to the USAID and Contractor staff who helped us attempt to ask and answer the right questions about an excellent project and contract. We are specially indebted to the overseas USAID and contract staff who not only provided information but also excellent logistical support and warm hospitality. Finally we would not have been able to complete the assignment without the competent and cheerful support at every stage by the HTS wing of our Team: Linda Sanei, Melinda McLister, and Holly Whalen. Bless you all!

Project Data Sheet

Project Title: Basic Support for Institutionalizing Child Survival (BASICS)

Project Number: 936-6006

Contractor: The Partnership for Child Health Care, Inc.
Partners: Academy for Educational Development
John Snow, Inc.
Management Sciences for Health

Subcontractors: Clark Atlanta University
Emory University
Johns-Hopkins University-School of Public Health
The Kingsbury Group
The Manoff Group
Program for Appropriate Technology in Health (PATH)
Porter-Novelli

Type of Contract: Cost Plus Fixed-Fee Level-of-Effort
Contract Number: HRN-6006-C-00-3031-00 (Core)
HRN-6006-Q-00-3032-00 (Requirements)
Contract Term: September 30, 1993-September 29, 1998

Total Estimated Cost: $ 73,154,982 (Core)

Funds Obligated: $ 64,879,459 (Core)
$ 17,992,862 (Delivery Orders)

Contracting Officer's Technical Representative: Dr. Alfred Bartlett, G/PHN/HN

Previous Evaluations: None

Acronyms

AED	Academy for Educational Development
BASICS	Basic Support for Institutionalizing Child Survival (Project/Contract)
CA	Cooperating Agency (contractor/grantee)
CBC	Communication and Behavioral Change
G/PHN/HN	USAID's Bureau for Global Programs, Field Support, and Research, Center for Population, Health and Nutrition, Office of Health and Nutrition
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IMCH	Integrated Management of Child Health
IMCI	Integrated Management of Childhood Illness
IQC	Indefinite Quantity Contract
JSI	John Snow Inc.
LINKAGES	USAID centrally funded breastfeeding, complementary feeding and maternal dietery practices project
LRT	linear relationship chart
MSH	Management Sciences for Health, Inc.
NGO	nongovernmental organization
OMNI	Opportunities for Micronutrient Interventions Project
PATHWAY	Pathway to Child Survival (BASICS framework for viewing child health issues)
PHN	Population, Health & Nutrition
USAID	U.S. Agency for International Development
WBS	work breakdown structure
WHO	World Health Organization

Executive Summary

This interim evaluation of the BASICS Project and Contract has the dual purpose of providing feedback on the current five-year Contract and making suggestions for follow-on activities and contracts. Eight cooperating countries were visited by one or two persons from the Evaluation Team during January-February 1997. The Team also reviewed extensive documentation, conducted interviews, and reviewed 18 Mission responses to an e-mail questionnaire on BASICS which was disseminated by the BASICS Project Management Team in G/PHN (Center for Population, Health and Nutrition, Bureau for Global Programs, Field Support, and Research, U.S. Agency for International Development).

Initiated in September 1993, the BASICS core and requirements contracts currently support significant activities in about 30 countries and 14 regional programs. The Contractor (The Partnership for Child Health Care Inc.) unites three established international health development organizations (JSI, MSH, and AED). The Partnership has succeeded in assembling a critical mass of first class technical specialists and operations officers who generally receive high marks from clients and colleagues on the quality of their work. The e-mail questionnaire responses from Missions were also generally very positive about BASICS Contractor support, although less so in the areas of progress and financial reporting. This feedback suggests that USAID and the Contractor may need to simplify reporting requirements, reduce processing time, and better link reports to operational concerns of the Missions. The Contractor's annual reports for 1996 represent significant progress toward more operationally-oriented reporting.

The implementation of the BASICS Project and Contract has been significantly affected by broad internal changes at USAID, including the reengineering of program planning systems and the increased delegation of funding decisions to the field. The BASICS Contract has fulfilled its original purpose of serving as a major source of Technical Assistance to Missions; and all field activities observed by the Evaluation Team appear to be fully integrated with the new assistance strategies and plans of Missions. However, it is not clear how the current field-oriented decision making within USAID has impacted on the Agency's global priorities and technical leadership role in child health. Maintaining a global edge in technical leadership requires adequate central support, resources for experimentation, and testing of new ways of increasing child health service

quality and access. In planning the BASICS follow-on strategies and activities, USAID thus needs to ensure that there is an effective balance between support for field implementation of existing approaches and the need for continually pursuing new and better ways of addressing child health problems.

The Contractor's six priority areas are: (1) sustaining immunization programs; (2) integrated case management of childhood illness (IMCI); (3) incorporating nutrition into child health programs; (4) identifying, promoting, and sustaining key positive health behaviors, especially in the home and community; (5) establishing innovative and effective public/private sector partnerships; and (6) improving techniques for monitoring and evaluation.

The BASICS conceptual framework "Pathway to Child Survival" provides a useful tool for identifying the most effective entry points for improving child health (among such choices as health facilities, community-wide interventions, or home-based prevention and treatment). The Contractor has tended to focus more on curative and clinic-based services, although some field activities are moving beyond this to promote more preventive and more community- or home-based interventions. The Integrated Management of Child Illness (IMCI) model developed by World Health Organization (WHO) has been refined and applied by the Contractor as its program centerpiece in several countries. This is consistent with the major Project aim of moving beyond earlier vertical or specialized approaches to more comprehensive and integrated service delivery strategies. The early IMCI emphasis in most countries has been on training to improve service provider competence; and surveys show some significant gains in this area. In some countries, IMCI is now trying to go beyond training to address other constraints on the improvement of health services quality and access. The challenge is to move fast enough to produce adequate numbers of trained service providers to impact on client needs, but not so fast as to exceed a country's capacity to have the other delivery system components in place (e.g., adequate supplies, staffing, and supervision). It is suggested that the Pathway framework be elaborated to incorporate more preventive, community, and household approaches.

The range of BASICS program interventions in a particular country depends largely upon the priority of child health in the Mission portfolio. Consequently, while there are broad child health activities in many cases, other country programs may stress specific interventions (e.g., immunization, nutrition, or control of diarrheal diseases). Since many BASICS country activities are still in the early stage of implementation, the Evaluation Team was asked to focus more on assessing the likely outcomes of current BASICS strategies and activities. The Evaluation Team's observations indicate that the Contractor's field activities are

generally consistent with the Contract's technical strategies and with the annual BASICS work plans (which are approved by Missions and USAID/Washington staff). Much of the Contractor's efforts have focused on getting new strategies and programs in place in cooperating countries. Many of the BASICS country activities currently operate in limited geographical areas or serve relatively small populations. Some are pilot projects with the expectation that scaling up will occur over time. However, the more mature immunization programs in the New Independent States have yielded data showing increases in coverage of target clients and some cost savings realized through better program management. The Evaluation Team encountered differing viewpoints on the pace of implementation under the Contract. Some USAID staff felt that BASICS should have had a faster start-up since it built on the efforts of earlier USAID child health projects. Others noted that BASICS rapidly responded to Mission needs and also needed time to establish alliances with other CAs and donors (particularly where USAID's presence was being reduced).

Given the large volume of activities in the early or middle stages of implementation, the Evaluation Team is concerned about the level of results and documentation of experience that will be realized before the Contract ends in September 1998. Maintaining adequate implementation momentum may require a special effort to focus on the more promising activities and to encourage key contract employees not to "jump ship" during the last year.

Questions raised during this Evaluation by G/PHN senior management about the Contractor's impact may indicate a need to also review the actual health outcomes and impacts which can be reasonably expected by the end of the Contract. USAID and the Contractor may need to streamline current approaches to contract administration, so that they will have time to concentrate on maximizing returns from the more promising field activities during the next 18 months. While a few field staff view current BASICS costs as being high, others note that costs reflect the outcome of prescribed competitive contracting processes; therefore, costs must also be judged in terms of the quality received. Consequently, while other contracting and staffing approaches may appear less costly, these may lack the critical synergy and quality of staffing present under the current set-up.

For future planning, the Evaluation Team suggests that USAID consider developing a new Results Package for BASICS, rather than work from the current ten-year Project Paper. One possible advantage of this approach would be to permit a longer time perspective for addressing the long-term problems of Child Health, (e.g., a 20-year strategic planning time frame and 7-10-year contracting periods).

One important need under the new contract will be to target more country programs with the potential for achieving national coverage of Child Health

interventions within a reasonable time frame. The project should continue its strategies of pursuing a balance between prevention and treatment, expanding beyond a facility-based strategy to home and community interventions, and increasing private sector involvement in child health. The challenge is to maintain the important gains made in improving service delivery systems, but going beyond these to harness the additional resources available through private sector and community structures. This also involves efforts to empower and more fully engage mothers and other caregivers in the prevention and treatment of child illness. Some movement in this direction is reflected in the current testing of new Community Participation and Decentralization models in selected countries. However, it will also be important to track the cost effectiveness of all major interventions, since the potential for replication and expansion of new approaches must remain an overriding concern of BASICS. BASICS should also continue to give priority to the Project aim of identifying and reaching the most vulnerable subgroups in the child health population. Finally, the next stage of BASICS may also entail moving mentally and symbolically from a focus on child survival and illness to child health. The centerpiece intervention should then grow from Integrated Management of Child Illness (IMCI) into Integrated Management of Child Health (IMCH).

In summary, BASICS is an excellent program which plays a very vital role in USAID's continuing global effort to improve child survival and health.

Principal Recommendations for Current Contract

1. Focus on Priority Activities: USAID and the Contractor should immediately begin to prioritize, track, expedite, and document the BASICS approaches, activities, and interventions which show the greatest potential for replication and expansion. The challenge is to complete important core and field activities during the final 18 months while documenting experiences relevant to USAID and other Child Health activities. As available, information generated from this review should be provided to the USAID team involved in designing the new BASICS follow-on activities.

2. Prioritize Tasks and Reduce Work Plan Details: USAID and the Contractor Management Team should act to reduce the number of routine tasks and indicators covered in BASICS work plans, monitoring and reporting systems, and daily decision-making. The basic question for prioritizing each task could be, "What impact will this have on improving the health of children in our cooperating countries?" The goal of simplification and prioritization would be to free up more staff time to devote to: (a) the priority needs covered under Recommendation 1; and (b) the work of designing the follow-on activities and contracts (USAID staff).

3. Expand the Strategic Framework: USAID and the Contractor, in cooperation with other relevant CAs, should further develop the "Pathway to Child Survival" conceptual framework in all dimensions: Wellness (prevention) and Illness (treatment) at the household, community, and facility levels (i.e., toward Integrated Child Health Management). The development of the elaborated framework should be done by an interdisciplinary team. As available, results of this effort should be provided to the USAID Team designing the BASICS follow-on activities.

4. Document the Benefit-cost of IMCI: Since IMCI is the centerpiece of many BASICS programs, the Contractor should make a special urgent effort to document the cost, benefits, and effectiveness of IMCI in several countries. Efforts should also be made to implement IMCI fully in a large service area (e.g., group of districts or provinces) and document the process and health outcome improvements.

5. Assess the Opportunity for Covering Neonatal Health: Because of its important role in child survival, USAID and the Contractor, in collaboration with other concerned CAs, should prepare a background document and action proposal on neonatal health, including options for covering this area in the new BASICS follow-on activities.

6. Issue a Comprehensive Toolkit for Assessment: The Contractor should assemble a "Child Survival Assessment Toolkit" from existing staff experience and documentation. This effort could be related to development of the new elaborated version of the "Pathway to Child Survival" where each point in the Pathway could be linked to specific assessment methodologies. The kit should also include qualitative approaches.

7. Disseminate Experiences in Communication and Behavioral Change (CBC): The Contractor should give priority to tracking significant CBC innovations and preparing "lessons learned" in the form of practical case studies. These materials should be geared toward the needs of people charged with planning effective CBC interventions or programs.

8. Assess Alternative Paths to Community Participation: The Contractor should use BASICS and other relevant experiences to develop Community Participation models for different kinds of local environments. For example, in some countries BASICS works more through the Ministry of Health to engage the community, while in others it works more through NGOs.

9. Lead an Effort to Strengthen Immunization Infrastructures: USAID and the Contractor (in union with other donors) should consider making a special effort to strengthen national immunization infrastructures in cooperating countries (especially in Africa). Countries without an adequate immunization infrastructure will not benefit from the new vaccines being developed.

10. Streamline the BASICS Information and Reporting Systems: Feedback from some Missions on the slowness or non-receipt of reports and publications suggests a need for USAID and the Contractor to review and improve trip and progress reporting, information dissemination, and publication systems. Priority should be given to completing the planned survey of publication users or targeted customers by the BASICS Information Center and then linking information outputs to expressed customer needs.

11. Focus Evaluation Efforts on Priority Countries: During the next 18 months, BASIC's Monitoring & Evaluation efforts should focus on the larger or more significant country programs and activities, with the aims of identifying models

for broad replication of BASICS approaches to improving child health and documenting critical "lessons learned". (This task is also related to Recommendation 1, above.)

PRINCIPAL RECOMMENDATIONS FOR FOLLOW-ON CONTRACT

1. Strategic Framework: USAID should strive for a balance of activities in key areas of the BASICS conceptual framework (an elaborated Pathway to Child Survival). While continuing the important gains made in curative and facility-based services, attention should also be given to prevention and treatment at the home and community level. USAID should also consider adding neonatal health and HIV/AIDS as technical foci in the follow-on Contract, although such areas should be addressed in partnership with other relevant USAID supported activities.

2. Developing a Results Package for USAID's Child Health Initiative: USAID should consider the development of a new Results Package for BASICS, rather than operate under the framework of the current Project Paper. This approach has the potential of providing greater flexibility with respect to life-of-project time frame and implementation options. USAID should consider adoption of strategic planning cycles of 20 years for child health and contracting frameworks of seven to ten years. Regardless of the instrument used, the aim should be to produce a strong Agency-wide focal point for strengthening and expanding USAID's global leadership role in Child Health.

3. Using BASICS' Comparative Advantage: In designing the follow-on core activities and contract, USAID should highlight the general child health strengths which BASICS has demonstrated in such areas as assessment, policy and program design, progress monitoring, and evaluation. While there will be other child health activities supported by USAID and other donors, BASICS may logically take a leadership role in these areas.

4. Priority for Scaling up Program Coverage: USAID should give priority to providing assistance on child health programs which have the greatest potential for impacting on a national scale. While the emphasis should be on more comprehensive or integrated approaches, support can also be provided for specialized or vertical interventions to be carried out on a national basis. At this point in the progress of USAID's child health initiatives, it is important to achieve more national level coverage and impact.

5. Leveraging More Resources for Child Health: Given USAID's reduced funding and staff presence in many countries, USAID should continue and expand strategies and techniques for mobilizing outside resources for Child Health programs. BASICS would continue to focus on providing technical leadership and assistance, but also attend to the packaging and marketing of interventions to other potential funders. As is currently the case in some countries, BASICS could be a part of bilateral or multilateral agreements covering larger country or regional programs. The Contractor could also directly try to leverage funding from other groups, foundations, or corporations for activities approved by USAID. USAID and the Contractor should allocate adequate staff time to marketing BASICS' successful models and aggressively pursuing support for replication from other donors and from NGOs, private practitioners, and commercial firms in cooperating countries. There are several past and ongoing USAID central and bilateral experiences in PHN and other areas which should be relevant to the design of such resource mobilization strategies.

6. Funding for Operational Research and Innovation: To maintain USAID's global technical leadership role in child health, G/PHN will need some centrally-controlled funding to support the definition and development of new interventions and approaches (e.g., for improving service quality/coverage and testing new household and community level interventions). Field funds may be more accessible for implementing interventions which have been well defined under BASICS or other projects. However, there may also be special opportunities for joint innovation efforts with Missions, local stakeholders, and other donors. The Contractor should quickly develop procedures for systematically tracking and documenting approaches and replication costs for all significant research and innovation activities.

7. Tracking and Focusing Staff Resources: Since human talent is the most critical resource in BASICS, USAID and the Contractor should clearly identify and effectively utilize the specific expertise needed to implement each major activity or task. This can be done through a staffing/linear relationship chart (LRT) incorporated into the Project/Contract Work Breakdown Structure (WBS) and/or implementation action plan. The LRT should also show which organizational entity will provide the staff for each task (e.g., USAID Bureau/Mission, contractors [core, requirements, or IQC], subcontractor, or other CA). (Such information would have facilitated the efforts of the Evaluation Team to determine who was doing what priority tasks under the current Contract.) In addition to the major child health specialities, USAID should ensure that there is adequate staff coverage for such areas as: (1) program design and resource leveraging; (2) private sector involvement (e.g., commercial firms, NGO's, private practitioners); (3) communication and behavior change (CBC); (4) training and

organizational development; and (5) community organization and participation. Actual staff levels would be influenced by the need to balance talent among task areas and pursue an effective division of labor between the field and headquarters activities under the new Contract.

8. Flexible but Formal Systems for Collaboration: Given the many actors involved in Child Health, USAID should determine whether there is a need for more formalized approaches to division of labor and collaboration among CAs. For example, BASICS will probably benefit from a strategic alliance with MotherCare to address neonatal health, one with LINKAGES and OMNI to address nutrition, and one with the HIV/AIDS project to address the impact of HIV/AIDS on child health. Similarly, formal agreements with other donors may be appropriate to promote effective coordination on some global, regional, or country efforts. However, the price of collaboration is time and there are some cases where USAID's need to move on urgent BASICS goals may make it impossible to fully engage the participation of certain sluggish or reluctant partners. At the same time, USAID and the Contractor should ensure that their own internal procedures and clearances are sufficiently simple and speedy to elicit the collaboration of other partners and stakeholders.

9. Action-oriented Structures and Teams: USAID should require the Contractor to develop organizational structures, teams, and staff tasking systems which ensure a problem-based, time-sensitive, and interdisciplinary approach to achieving objectives in the Life of Contract Work Plan and Annual Work Plans. The aim is to encourage productive interaction among specialists and emphasize the need for teams to produce specific operationally-oriented outputs within a given time frame.

10. Regular External Reviews: USAID should provide for regular external reviews of the Contractor's technical activities and field implementation strategies. Such reviews may be best provided by a multidisciplinary team in order to promote an interdisciplinary perspective within BASICS and to identify any gaps across the disciplines represented within the Project. USAID should also consider scheduling a brief and informal general review of the Contract early in the implementation cycle, to allow time for effecting any needed changes in approach. It is assumed that the experience achieved and documented under the current BASICS contract will facilitate a quick start-up of the next Contract and thus produce results earlier in the cycle (so there should be enough activities to assess by Year 2). The members of the Technical Advisory Group or the Working Advisory Groups could help conduct such technical and program reviews.

11. Guidelines on Communication and Behavior Change (CBC): USAID and the Contractor should establish joint guidelines and standards of practice for the design and implementation of CBC interventions as early as possible after the Contract is initiated. These guidelines should include concrete examples of strategic alternatives for Missions and include cost-effectiveness information on the different approaches.